

## DEPARTMENT OF HEALTH SERVICES

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SACRAMENTO, CA 95814



December 31, 1987

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY ADMINISTRATIVE OFFICERS

Letter No: 87- 80

SUBJECT: BENEFITS -- 60-DAY POSTPARTUM PROGRAM

For your information, the following describes the policies and procedures to be applied in implementing the no-share-of-cost 60-Day Postpartum Program which becomes effective January 1, 1988. Title 22, California Administrative Code, and the Medi-Cal Eligibility Procedures Manual will be revised shortly to reflect this new program.

We have attached suggested language for two Notices of Action relating to the 60-Day Postpartum Program. Actual notices are not yet available in the DHS warehouse; however, as soon as they are available, you will be notified.

Background:

As a result of the federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, Medicaid eligibility has been extended to provide needed postpartum care for certain eligible pregnant women. Specifically, those women who have applied for, who are eligible for, and who have received Medi-Cal benefits on their last day of pregnancy shall continue to be eligible to receive pregnancy related and postpartum services for an additional 60 days beginning on the last day of pregnancy. (Please note that any woman who applies for retroactive Medi-Cal coverage for the month pregnancy ends under Title 22, CAC, Section 50710, or who has a share of cost (SOC) which is not met and who does not receive a Medi-Cal card for the month pregnancy ends, is not eligible for the 60-Day Postpartum Program.) Women who receive no-SOC Medi-Cal with full scope of benefits during the 60-day period do not need to be covered under this program, since their full scope of benefits card already covers pregnancy related and postpartum services. The restricted Medi-Cal eligibility period shall begin on the first of the month following the month pregnancy ends, and shall end on the last day of the month in which the 60th day occurs. Services shall be restricted to pregnancy related and postpartum services only. Additionally, eligibility for the 60-Day Postpartum Program is not conditional on other eligibility requirements, including any SOC, being met.

Pregnancy Related and Postpartum Services:

The determination of what constitutes pregnancy related and postpartum services is made by the Medi-Cal provider. However, the following is provided for your information.

Pregnancy related and postpartum services include all antepartum (prenatal) care; care during labor and delivery; and postpartum care of the pregnant woman. For example, this includes all care normally provided during pregnancy (examinations, routine urinalysis, evaluations, counseling, and treatment); initial postpartum care (hospital and scheduled office visits and, as appropriate, contraceptive counseling).

Services during the postpartum period for conditions not related to the diagnosis of pregnancy (e.g., respiratory infection, hepatitis, preexisting hypertension, appendicitis, etc.) are not available under this 60-day program. The distinction of whether or not a service is pregnancy related, however, will be made by the attending physician on a case-by-case basis.

Affected Groups:

The following groups of pregnant women will be affected by this program:

1. The Medically Indigent (MI) woman whose eligibility is based solely on pregnancy will be provided with 60 days of extended no-SOC benefits which are restricted to pregnancy related and postpartum services only. The restricted benefits begin on the first of the month following the month pregnancy ends, and end on the last day of the month in which the 60th day occurs.
2. The Medically Needy (MN) woman whose Medi-Cal eligibility normally continues after pregnancy ends, but who has a SOC, will be provided with 60 days extended no-SOC benefits which are restricted to pregnancy related and postpartum services only. The restricted benefits begin on the first of the month following the month pregnancy ends, and end on the last day of the month in which the 60th day occurs. These extended pregnancy related and postpartum services shall be provided to the MN woman, regardless of whether other conditions of eligibility continue to be met. As described below, should this woman meet her SOC in a postpartum month, she will receive two cards, i.e., one for MN/SOC coverage and the other for the 60-Day Postpartum Program.
3. The Public Assistance (PA)/Other-PA recipient or the MN woman who, due to a change in circumstances, loses her Medi-Cal eligibility, or remains Medi-Cal eligible but goes from no-SOC to SOC status at any time during the 60-day period beginning on the last day of pregnancy will be provided

restricted benefits under the no-SOC 60-Day Postpartum Program. Since this woman received Medi-Cal with full scope of benefits until the change in circumstances occurred, coverage under the 60-Day Postpartum Program begins on the first day of the first month in which Medi-Cal ineligibility, or eligibility with a SOC, occurs and ends on the last day of the month in which the 60th day occurs.

Implementation And Card Issuance:

In order to implement the 60-Day Postpartum Program by January 1988 month of eligibility and allow county welfare departments to issue appropriate Medi-Cal cards, an interim system has been designed. Permanent modifications to the Medi-Cal Eligibility Data System (MEDS) will be installed by June 1988, and will provide a number of enhancements that will alleviate any temporary inconveniences imposed on the county welfare departments by the interim system. Counties will be notified of the permanent modifications within the next two months which will allow time for county system changes if required.

A new aid code of "76" has been established to designate those beneficiaries who are determined eligible for the restricted 60-day pregnancy related and postpartum services program.

In addition, a new transaction screen, "EW16 - Special Program Immediate Need Card," has been created for the implementation of the 60-Day Postpartum Program. A sample of the EW16 screen is included as Attachment A. The MEDS security for EW16 is the same as for EW15, so any operator authorized for EW15 will be able to submit EW16 transactions.

For the interim system, MEDS will allow the new aid code "76" only on EW16 online transactions due to the complicated changes necessary to implement batch processing.

When a county welfare department determines that a beneficiary is eligible for the 60-Day Postpartum Program, it must establish eligibility and initiate card issuance by using the new aid code "76" in an EW16 online transaction only, following the monthly renewal process. ~~If a recipient is entitled to two months worth of postpartum cards, a separate EW16 online transaction must be done for each month.~~

Based upon submission of an EW16 online transaction with an aid code of "76" in the "County-ID Per-MEDS" field, MEDS will automatically post a special indicator of "P" in the first digit of the "Program Indicator" field at the bottom of the Medi-Cal

Information page of the MEDS record. This will be the only means of identifying a 60-Day Postpartum Program record, as current month eligibility information (e.g., aid code, eligibility status, etc.) will not change.

An MC 302 Medi-Cal ID card with the aid code "76" will be issued in the county as a result of the EW16 online transaction. A restricted services message "For Pregnancy Related And Postpartum Services Only" will appear on the card.

There will be certain limitations created by the interim modifications to MEDS which are listed below:

1. MEDS will not allow the use of the "MEDS" function in the "Card-Issue-Location" field on the EW16 transaction.
2. If the "County-ID Per-MEDS" aid code is "76", the "MEDS-ID" must currently exist on MEDS. A new record cannot be established using new aid code "76".
3. If the beneficiary has a SOC and the SOC is met, a regular Medi-Cal card is to be issued. This may occur in both months of the 60-day postpartum eligibility period. The special indicator "P" will remain in the "Program Indicator" field to identify recipients who received postpartum program ID cards.
4. If the beneficiary is a member of a county health system, the Medi-Cal ID card will have a county health system message instead of the postpartum message. However, the Medi-Cal card will display aid code "76" in the "County ID" fields of the card and labels to alert providers that the card is valid only for postpartum services. Aid code "76" is the only limited services identifier. Therefore, the provider will have to check this code before rendering services.
5. In the interim system, if the beneficiary is enrolled in a Prepaid Health Plan (PHP), or a Primary Care Case Management (PCCM) Plan, she will receive a fee for service Medi-Cal ID card with a "76" aid code and the restricted postpartum message, and she will remain in a PHP/PCCM hold status for the postpartum months. If Medi-Cal eligibility in a covered aid code is not reestablished within a three-month period, the beneficiary will be disenrolled following the second month of PHP/PCCM hold status. Once permanent modifications to the MEDS system are installed in June 1988 to accommodate the 60-Day Postpartum Program, PHP and PCCM members will

remain eligible in their health plan during the 60-Day Postpartum eligibility period.

6. If the beneficiary has a limited or restricted service status, the restriction code will appear in the restricted field on the labels as before, but the message area will contain the postpartum message. Therefore, it is up to the provider to check for any restriction codes prior to rendering services or prescribing drugs.
7. Counties must not submit EW16 batch transactions or include aid code "76" cases in their Reconciliation File.

County Action:

The following actions assume that in the month pregnancy ends the county knows the otherwise eligible pregnant woman met her SOC, if any. However, in many instances, the county will not know until a subsequent month that the SOC was met in the month pregnancy ends. In this situation, if the woman is to receive a Medi-Cal card for the month pregnancy ends, the county shall issue a Notice of Action informing her of the 60-Day Postpartum Program and take appropriate action for her to receive 60-day postpartum benefits. Notice of Action language can be taken from the attached MC 239-G or the MC 239-H. Note: A woman who receives Medi-Cal in the month pregnancy ends, as part of the three-month retroactive coverage under Title 22, CAC, Section 50710, is not eligible for the 60-day program; similarly, a woman who does not meet any SOC she may have and who does not receive a Medi-Cal card for the month pregnancy ends is not eligible for the 60-day program.

In implementing the 60-Day Postpartum Program, counties shall take the following actions:

1. For the Medically Indigent (MI) woman:
  - a. Send a timely and adequate Notice of Action, either in the month in which pregnancy ends or in the month following, as appropriate, to the eligible MI pregnant woman, notifying her of the termination of MI status (based on pregnancy) and of her eligibility for extended restricted benefits under the no-SOC 60-Day Postpartum Program. (Attachment C is suggested language for MC 239-G, Notice of Action, Discontinuance of Full Scope of Medi-Cal Benefits/Approval for Postpartum Program.)

- b. In the month the MI status is terminated, submit a transaction to terminate the MI pregnancy related eligibility via MEDS.
  - c. Initiate an EW16 online transaction as previously described, if appropriate.
  - d. If the 60th day after the termination of pregnancy ends in midmonth, eligibility will continue through the last day of that month (Title 22, CAC, Section 50703). During the last month of the 60-day program, the county must reevaluate the woman's eligibility for any other Medi-Cal program. If eligibility exists, an inter-program status change shall be initiated (Title 22, CAC, Section 50183). If eligibility does not exist, adequate and timely notice of Medi-Cal discontinuance must be issued (Title 22, CAC, Section 50179).
2. For the Medically Needy (MN) woman whose eligibility continues with a SOC after pregnancy ends:
- a. Send a timely and adequate Notice of Action, either in the month in which pregnancy ends or in the month following, as appropriate, to the eligible MN pregnant woman, whose eligibility continues with a SOC, notifying her of her eligibility for extended restricted benefits under the no-SOC 60-Day Postpartum Program. (Attachment B is suggested language for MC 239-H, Notice of Eligibility for Postpartum Program.)
  - b. Initiate an EW16 online transaction as previously described.
  - c. If the MN woman meets her SOC under the MN program, issue a Medi-Cal card under the appropriate SOC aid code. This means that the MN woman with a SOC would have two Medi-Cal cards (MN/SOC and Postpartum/No SOC) during that month.
3. For the Public Assistance (PA)/Other-PA or the MN woman whose change in circumstances means Medi-Cal eligibility ends during the 60-day period beginning on the last day of pregnancy:
- a. Send a timely and adequate Notice of Action to the PA/Other-PA/MN woman who will not be receiving no-SOC Medi-Cal under another category, notifying her of the termination of program status and of her eligibility for

extended restricted benefits under the no-SOC 60-Day Postpartum Program. (There is no specific Notice of Action for this individual; however, the suggested language for MC 239-G may serve as an example.)

- b. In the month the PA/Other-PA/MN status is terminated, submit a transaction to terminate eligibility via MEDS.
  - c. Initiate an EW16 online transaction as previously described, if appropriate.
  - d. If the 60th day after the termination of pregnancy ends in midmonth, eligibility will continue through the last day of that month (Title 22, CAC, Section 50703). During the last month of the 60-day program, the county must reevaluate the woman's eligibility for any other Medi-Cal program. If eligibility exists, an inter-program status change shall be initiated (Title 22, CAC, Section 50183). If eligibility does not exist, adequate and timely notice of Medi-Cal discontinuance must be issued (Title 22, CAC, Section 50179).
4. For the Public Assistance (PA)/Other-PA or MN woman who does not have a SOC in the month pregnancy ends, but who has a change in circumstances resulting in eligibility continuing with a SOC during the 60-day postpartum period:
- a. Send a timely and adequate Notice of Action to the PA/Other-PA/MN woman, notifying her of her eligibility for extended restricted benefits under the no-SOC 60-Day Postpartum Program. (There is no formal Notice of Action for this individual; however, the suggested language for MC 239-H may serve as an example.)
  - b. Initiate an EW 16 online transaction as previously described.
  - c. If this woman meets her SOC, issue a Medi-Cal card under the appropriate SOC aid code. This means that she would have two Medi-Cal cards during that one month.

EXAMPLES:

1. No SOC -- Aid Code 86 -- Medically Indigent: Gina delivers her baby on October 5, 1988. She continues to be eligible for full scope Medi-Cal coverage for the entire month, i.e., until October 31, 1988, and is issued a regular Medi-Cal

card. Assuming the 10-day Notice of Action is sent timely her MI eligibility is terminated and eligibility for the no-SOC postpartum program begins on November 1, 1988, by which date 28 days of the federal program have already elapsed (the 60 days begin on the last day of pregnancy). As the 60th day from the last day of pregnancy falls on December 3, 1988, her eligibility for pregnancy related and postpartum services ends December 31, 1988. During this time she is issued a no-SOC aid code "76" Medi-Cal card. If she had delivered on October 2, 1988, the 60th day from the last day of pregnancy would have fallen on November 30, 1988, and her no-SOC postpartum eligibility would have ended on the same date.

2. SOC -- Aid Code 87 -- Medically Indigent: Mary delivers her baby on October 25, 1988 and meets her SOC in October. The Notice of Action is sent on October 28, but due to the 10-day notice requirement, her eligibility for full scope Medi-Cal coverage with a SOC continues until November 30, 1988. She does not meet her SOC in November and is not issued the regular Medi-Cal card; however, she is still entitled to receive postpartum coverage and is issued a no-SOC aid code "76" Medi-Cal card for November. As the last day of pregnancy is October 25, and the 60th day following is December 23, her no-SOC postpartum eligibility ends on December 31, 1988.
3. Loss of Eligibility During the 60-Day Period: Shirley is four months pregnant. She, her husband, and their two children are on AFDC cash assistance with cash-based Medi-Cal. On March 30, 1988, she suffers a miscarriage. On April 15, her husband wins \$500,000 in the State lottery. The family is discontinued from AFDC cash assistance and denied eligibility for Medi-Cal only, due to excess property, effective May 1, 1988. However, she is eligible for the 60-Day Postpartum Program because she applied for, was eligible for, and received Medi-Cal services on the last day of pregnancy. This eligibility continues regardless of whether other conditions of eligibility are met during the 60-day period. As the 60th day from the last day of her pregnancy falls on May 28, 1988, she is issued a no-SOC aid code "76" Medi-Cal card for the month of May.
4. Leap Year Disadvantage: Linda delivers her baby on January 1, 1988. Her eligibility for full coverage continues through January 31, 1988. As the 60th day from the last day of pregnancy falls on February 29, 1988, her eligibility for



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the postpartum program begins February 1 and ends February 29, 1988. The leap year works to Linda's disadvantage. If she had delivered on January 1 in a non-leap year, when February has 28 days, the 60th day would have fallen on March 1, and she would have had an additional month of the postpartum program eligibility, i.e., until March 31.

Minor Consent Services -- Pregnancy Related and Postpartum Services:

For your information, there is no change in the Minor Consent Services Program. Pregnancy related and postpartum complications that affect recipients of Minor Consent Services are covered under Minor Consent Service Indicator L-8 (services related to pregnancy or family planning), not under the 60-Day Postpartum Program.

If you have any questions regarding the eligibility criteria for this program, please contact Renee Toirac at (916) 323-6954. Questions regarding Medi-Cal ID card issuance via MEDS should be directed to Karla Gurley or Ron Campos at (916) 445-1912.

Sincerely,

Original signed by

Frank S. Martucci, Chief  
Medi-Cal Operations Branch

Attachments

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

Expiration Date: December 31, 1988

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EW-CODE

PER-MEDS

(MMDDYY)

REASON-FOR-ISSUANCE

VALID-MMY

ATTACHMENT B

MC 239-H Notice of Eligibility for Postpartum Program

You continue to be eligible for full coverage Medi-Cal with a share of cost. In addition, you also are currently eligible for a restricted Medi-Cal postpartum program with no share of cost which provides for pregnancy related and postpartum services only. (Postpartum services are those services provided after childbirth, child delivery, or miscarriage.) Your eligibility for this program begins on \_\_\_\_\_ and ends on \_\_\_\_\_ and will be provided regardless of whether you meet conditions of eligibility, including your share of cost, under the full Medi-Cal program.

You will receive a restricted Medi-Cal card, which is to be used when you seek pregnancy related or postpartum care. Your provider is aware that under the program you are eligible only for medical services related to your pregnancy or postpartum needs.

If you have any questions about this action, or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you in person.

Please read the reverse side of this notice.

The regulations which require this action are California Administrative Code, Title 22, Section(s): 50260, 50701(d).

Attachment C

MC 239-G Medi-Cal Notice of Action

Discontinuance of Full Scope of Medi-Cal Benefits  
Approval for Postpartum Program

We have reviewed all information available to us about your circumstances, and we find that:

Your eligibility to receive full coverage Medi-Cal will be discontinued effective the last day of \_\_\_\_\_.

The reason for this discontinuance is:

Your eligibility for Medi-Cal was based solely on your pregnancy. Your pregnancy ended on \_\_\_\_\_.

However, you are eligible for a restricted Medi-Cal postpartum program which provides for pregnancy related and postpartum services only. (Postpartum services are those services provided after childbirth, child delivery, or miscarriage.) Your eligibility for this restricted program begins \_\_\_\_\_ and ends \_\_\_\_\_ and will be provided regardless of whether other conditions of eligibility, including any share of cost, are met.

You will receive a restricted Medi-Cal card, which is to be used when you seek pregnancy related or postpartum care. Your provider is aware that you are eligible only for medical services related to your pregnancy or postpartum needs.

If you have any questions about this action, or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you in person. Please remember that this action pertains only to the circumstances you reported to us, and that you may reapply for full coverage Medi-Cal at any time.

Please read the reverse side of the notice.

The regulations which require this action are California Administrative Code, Title 22, Sections(s): 50260, 50701(d).